

# 2022-2023 UNITED STATES SENATE YOUTH PROGRAM - STUDENT APPLICATION



*\*If the student is chosen as a delegate or alternate, the USSYP requires that students be fully vaccinated.*

## Contact Information

Full Name: First Middle Last

Date of Birth: Date of Birth

Home Address: Street Address  
City, State Zip

Home Phone: Area Code + Number

Email Address: Email Address

(This is primary means of contact – use an email address that is regularly monitored.)

Preferred Pronouns: Preferred Pronouns here

Place of Birth: City, State (or Country)

(Must be U.S. citizen or legal permanent resident to apply.)

Cell Phone: Area Code + Number

## High School Information

Name of School: Name of School

School Address: Street Address  
City, State Zip

Graduating Class: Year

School Phone: Area Code + Number

Principal/Head of School: Name

School Counselor: Name

Principal/Head of School Email Address: Email Address

Counselor Email Address: Email Address

## Qualifying Leadership Position

The USSYP requires that all nominated students are currently serving in an elected or appointed position in organizations that relate to government, public affairs, history, and/or community service during the entire 2022-2023 school year. All student leadership qualifying positions are subject to the judgement of the state selection administrator and will be verified. Keep in mind that being the founder or chairperson of a self-created club or organization *does not* qualify the student for the program.

Top Elected or Appointed Position for the 2022-2023 academic year:

List Top Elected/Appointed Position

Principal or Counselor Confirmation Signature: \_\_\_\_\_

*I confirm that this student holds the above leadership position for the 2022-2023 school year.*

In paragraph form of 150-word count or less, describe any *other* elected or appointed positions, leadership positions, academic honors, community service, extracurricular activities, and future college/career plans. Do not include your top elected/appointed position listed above.

*Note that if selected as a delegate or alternate this paragraph may be used in an official press release.*

Enter Paragraph - 150 word count or less

### **STATEMENT OF INTEREST**

Write a brief statement indicating why you think being chosen as a Delegate to represent the State of Delaware would be beneficial to you. This paragraph is not an essay that will be judged. The purpose of this is for you to express your interest in the U.S. Senate Youth Program.

Enter Statement of Interest

### **TESTING**

Student testing is a requirement in order to be considered for the U.S. Senate Youth Program. Testing will be held virtually on Tuesday, October 25, 2022. There is no study or preparation in advance. Details of testing will be shared at a later date with all qualified applicants.

### **CONSENT FORM - Next Page (signatures required)**

Please scan or take a clear picture of the entire signed Consent Form and return by email with your full application package.

## CONSENT FORM

The USSYP requires that student applicants confirm that, to the best of the student's knowledge, he or she does not have a scheduling conflict with the Washington Week program (March 4-11, 2023) and that full attendance at Washington Week is required in order to receive the scholarship.

*Student, please sign here to confirm the above statement:* \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Name: First, Last

Address: Street Address  
City, State Zip

Home Phone: Area Code + Number

Cell Phone: Area Code + Number

Work Phone: Area Code + Number

Email: Email Address

### **PARENT/GUARDIAN INFORMATION**

Name: First, Last

Address: Street Address  
City, State Zip

Home Phone: Area Code + Number

Cell Phone: Area Code + Number

Work Phone: Area Code + Number

Email: Email Address

### **PARENTAL AND STUDENT CONSENT**

I hereby grant my child, Student's Name, permission to participate in the Senate Youth Program in accordance with the rules set forth by the William Randolph Hearst Foundation.

Parent's Printed Name

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Student's Printed Name

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

## **REQUIRED ATTACHMENTS**

- **Two (2) Signed Letters of Recommendation:**
  1. from School Administrator -or- School Counselor
  2. from Social Studies Teacher
- **Copy of School Transcript - *this information will remain confidential***
- **Consent Form - *with signatures***
  - Please scan or take a clear picture of the entire Consent Form and return by email with full application package.

## **EMAIL COMPLETED APPLICATION WITH ALL REQUIRED ATTACHMENTS & SIGNATURES TO:**

- Michael Feldman, Education Associate for Social Studies at the Delaware Department of Education at - [michael.feldman@doe.k12.de.us](mailto:michael.feldman@doe.k12.de.us)